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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1616
Examiner :
Serial No. : 10/722,737
Filed : November 25, 2003
Inventors : Bradley S. Galer
Title : COMPOSITIONS AND
: METHOD FOR TREATING
: NEUROPATHIC SENSORY
: LOSS

35812

PATENT TRADEMARK OFFICE

Docket: BSG 021 US

Confirmation No.: 7300

Dated: February 22, 2005

PETITION TO CORRECT INVENTOR
UNDER 37 CFR 1.48(c)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby petitions under 37 CFR § 1.48(c) to correct the inventorship for the subject application, adding Arnold R. Gammaitoni and Robert H. Dworkin as additional inventors.

The requirements of 37 CFR § 1.48(c) are fulfilled as follows:

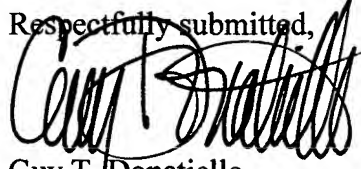
1. A request to correct the inventorship that sets forth the desired inventorship change is enclosed.
2. A statement from each person being added as an inventor that the error was made by amendment of the claims and that the inventorship error occurred without deceptive intention on his or her part is enclosed.
3. An oath or declaration by the actual inventors as required by § 1.63 or as permitted by §§ 1.42, 1.43 or § 1.47 is enclosed.

4. A Credit Card Payment Form in the amount of \$130.00 covering a processing fee set forth in § 1.17 (i); is enclosed.

5. The written consent of the assignee is enclosed.

Applicants respectfully submit that all requirements called for by the applicable rules have been fulfilled. Applicants respectfully request early favorable action on this Petition.

Respectfully submitted,



Guy T. Donatiello
Reg. No. 33,167

GTD:gj
(610) 558-9800



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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Credit Card Payment Form
Petition to Correct Inventor
Written Consent of Assignee
Declaration of Arnold R. Gammaitoni
Declaration of Robert H. Dworkin
Copy of Combined Declaration, Power of Attorney and Petition
Copy of Assignment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

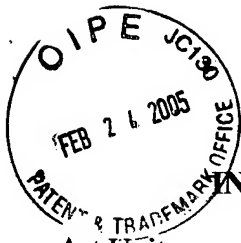
Endo Pharmaceuticals Inc.
Customer No. 35812

By:

Ginola Johnson

Date:

22 February 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Dated: February 22, 2005

WRITTEN CONSENT OF ASSIGNEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

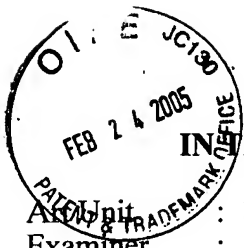
Endo Pharmaceuticals, Inc. is the assignee of the above-identified patent Application.

Endo Pharmaceuticals, Inc. hereby consents to the addition of Arnold R. Gammaitoni and
Robert H. Dworkin as inventors in the above-referenced patent Application.

Respectfully submitted,

Guy T. Donatiello
Vice President, Intellectual Property
Endo Pharmaceuticals, Inc.

GTD:gj
(610) 558-9800



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PATENT TRADEMARK OFFICE

Docket: BSG 021 US

Confirmation No.: 7300

DECLARATION OF ARNOLD R. GAMMAITONI

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

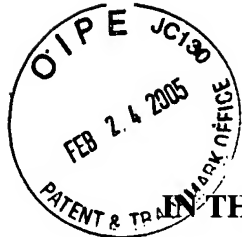
I, ARNOLD R. GAMMAITONI, hereby declare that:

1. I reside at 282 S. Woodmont Drive, Dowington, PA 19335.
2. I am an inventor of the subject matter claimed in the above-referenced patent application.
3. An error occurred in regard to the above-referenced patent application, such that I was not listed as an inventor.
4. This error in inventorship occurred without any deceptive intent on my part.
5. I am an employee of Endo Pharmaceuticals Inc. whose principle address is 100 Painters Drive, Chadds Ford, PA 19317.
6. Endo Pharmaceuticals Inc. is the assignee of the entire right, title and interest in the above-identified patent application. As evidence thereof, I have attached a copy of the assignment executed by myself, Bradley S. Galer, and Robert H. Dworkin, the co-inventors of the subject matter claimed.
7. I am authorized to provide, and hereby do provide, the consent of the assignee to the correction of the inventorship of the above-identified patent application to include me as an named inventor of the subject matter claimed therein.
8. All statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date 2/8/2005

By: 
Arnold R. Gammaitoni



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PATENT TRADEMARK OFFICE

Docket: BSG 021 US

Confirmation No.: 7300

DECLARATION OF ROBERT H. DWORKIN

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, ROBERT H. DWORKIN, hereby declare that:

1. I reside at 17 Greentree, Pittsford, NY 14534.
2. I am an inventor of the subject matter claimed in the above-referenced patent application.
3. An error occurred in regard to the above-referenced patent application, such that I was not listed as an inventor.
4. This error in inventorship occurred without any deceptive intent on my part.
5. I am an employee of the University of Rochester School of Medicine and Dentistry whose principle address is 601 Elmwood Avenue, Box 604, Rochester, New York 14642.
6. Endo Pharmaceuticals Inc. is the assignee of the entire right, title and interest in the above-identified patent application. As evidence thereof, I have attached a copy of the assignment executed by myself, Bradley S. Galer, and Arnold R. Gammaitoni, the co-inventors of the subject matter claimed.
7. I am authorized to provide, and hereby do provide, the consent of the assignee to the correction of the inventorship of the above-identified patent application to include me as an named inventor of the subject matter claimed therein.
8. All statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

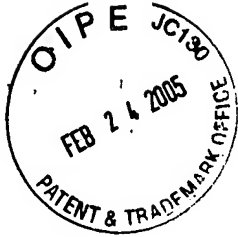
Date

February 15, 2005

By:



Robert H. Dworkin



Attorney Docket No. BSG 021 US

- ☒ Original Application
- ☐ PCT National Application
- ☐ U.S. Designated Office
- ☐ Continuation or Divisional Application
- ☐ Continuation-in-Part Application

**COMBINED DECLARATION,
POWER OF ATTORNEY AND PETITION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPOSITIONS AND METHOD FOR TREATING NEUROPATHIC SENSORY LOSS

☒ which is described in the specification and claims

☐ attached hereto.

☒ filed on November 25, 2003

Application Serial No. 10/722,737

and was amended on _____

(if applicable)

☐ which is described in International Application No. _____

filed _____ and as amended on _____

(if any),

which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

COMBINED DECLARATION, POWER OF ATTORNEY AND PETITION
(Page 2)

Attorney Docket No. BSG 021 US

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or of any PCT International Application having a filing date before that of the application on which priority is claimed:

Number	Country	Date of Filing (day,month,year)	Priority Claimed
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

I hereby claim the benefit under Title 35, United States Code, §119(e) or §120 (as applicable) of any United States application(s) or §365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International Application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112:

<u>60/429,208</u> (Application Serial No.)	<u>26 November 2002</u> (Filing Date)	<u>Pending</u> (Status)(patented,pending,abandoned)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status)(patented,pending,abandoned)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status)(patented,pending,abandoned)
<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status)(patented,pending,abandoned)

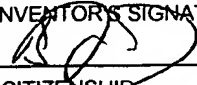
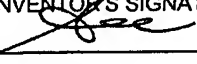
POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered attorneys listed under **Customer No. 35812** and the following registered attorneys to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Guy T. Donatiello Reg. No. 33,167

SEND CORRESPONDENCE TO: Legal Department Endo Pharmaceuticals Inc. 100 Painters Drive Chadds Ford, PA 19317	DIRECT TELEPHONE CALLS TO ATTORNEY OF RECORD AT: (610) 558-9800
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I hereby petition for grant of a United States Letters Patent on this invention.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1. FULL NAME OF SOLE OR FIRST INVENTOR Bradley S. Galer		INVENTOR'S SIGNATURE 	DATE 05 APR '04
RESIDENCE West Chester, PA		CITIZENSHIP US	
POST OFFICE ADDRESS 1740 Lenape Road, West Chester, PA 19382			
2. FULL NAME OF JOINT INVENTOR, IF ANY Arnold R. Gammaitoni		INVENTOR'S SIGNATURE 	DATE 4/5/2004
RESIDENCE Downingtown, PA		CITIZENSHIP US	
POST OFFICE ADDRESS <u>282 S. WOODMONT DRIVE</u> 4390 Old Barn Circle , Downingtown, PA 19335			
3. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY Robert D. Dworkin		INVENTOR'S SIGNATURE	DATE
RESIDENCE Pittsford, NY		CITIZENSHIP US	
POST OFFICE ADDRESS 17 Greentree, Pittsford, NY 14534			
4. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
5. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

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1. FULL NAME OF SOLE OR FIRST INVENTOR Bradley S. Galer		INVENTOR'S SIGNATURE	DATE
RESIDENCE West Chester, PA		CITIZENSHIP US	
POST OFFICE ADDRESS 1740 Lenape Road, West Chester, PA 19382			
2. FULL NAME OF JOINT INVENTOR, IF ANY Arnold R. Gammaitoni		INVENTOR'S SIGNATURE	DATE
RESIDENCE Downingtown, PA		CITIZENSHIP US	
POST OFFICE ADDRESS 1390 Old Barn Circle, Downingtown, PA 19335			
3. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY Robert J. Dworkin		INVENTOR'S SIGNATURE	DATE APR 2, 2004
RESIDENCE Pittsford, NY		CITIZENSHIP US	
POST OFFICE ADDRESS 17 Greentree, Pittsford, NY 14534			
4. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
5. FULL NAME OF ADDITIONAL JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

ASSIGNMENT

WHEREAS, We, Bradley S. Galer, Arnold R. Gammaitoni and Robert D. Dworkin, citizens of the United States residing at 1740 Lenape Road, West Chester, PA 19382, ~~1990 Old Barr Circle, Downingtown, PA 19335 and 17 Greentree, Pittsford, NY 14534~~, (hereinafter referred to as the undersigned), having made an invention entitled **COMPOSITIONS AND METHODS FOR TREATING NEUROPATHIC SENSORY LOSS** for which on the date set forth below, unless otherwise indicated here, _____, the undersigned executed an application for United States Letters Patent, 272 S. Wacker

WHEREAS, Endo Pharmaceuticals, Inc., a Pennsylvania corporation, with offices at 100 Painters Drive, Chadds Ford, PA 19317, (hereinafter referred to assignee), is desirous of acquiring the entire right, title and interest in said invention, said application and all letters patent issuing for said invention,

NOW, THEREFORE, in consideration of One Dollar (\$1.00) and of other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned, intending to be legally bound, does hereby sell, assign and transfer to the assignee the entire right, title and interest, for the United States of America, its territories and possessions, and for all foreign countries, in said invention, including said patent application, all divisions and continuations thereof, all rights to claim priority based thereon, all rights to file foreign applications on said invention, and all letters patent and reissues thereof, issuing for said invention in the United States of America and in any and all foreign countries.

It is agreed that the undersigned shall be legally bound, upon request of the assignee, or its successors or assigns or a legal representative thereof, to supply all information and evidence of which the undersigned has knowledge or possession, relating to the making and practice of said invention, to testify in any legal proceeding relating thereto, to execute all instruments proper to patent the invention in the United States of America and foreign countries in the name of the assignee, and to execute all instruments proper to carry out the intent of this instrument. If the undersigned includes more than one individual, these obligations shall apply to all of the undersigned both individually and collectively.

The rights and property herein conveyed by the undersigned are free and clear of any encumbrance.

EXECUTED on April 5, 2004, at _____.



Bradley S. Galer



Arnold R. Gammaitoni

Robert D. Dworkin

Witness: _____

ASSIGNMENT

WHEREAS, We, Bradley S. Galer, Arnold R. Gammaitoni and Robert D. Dworkin, citizens of the United States residing at 1740 Lenape Road, West Chester, PA 19382, 1390 Old Barn Circle, Downingtown, PA 19335 and 17 Greentree, Pittsford, NY 14534, (hereinafter referred to as the undersigned), having made an invention entitled **COMPOSITIONS AND METHODS FOR TREATING NEUROPATHIC SENSORY LOSS** for which on the date set forth below, unless otherwise indicated here, _____, the undersigned executed an application for United States Letters Patent,

WHEREAS, Endo Pharmaceuticals, Inc., a Pennsylvania corporation, with offices at 100 Painters Drive, Chadds Ford, PA 19317, (hereinafter referred to as assignee), is desirous of acquiring the entire right, title and interest in said invention, said application and all letters patent issuing for said invention,

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The rights and property herein conveyed by the undersigned are free and clear of any encumbrance.

EXECUTED on APR 2, 2004, at ROCHESTER, NEW YORK

Bradley S. Galer

Arnold R. Gammaitoni



Robert D. Dworkin

Witness: _____